

No. 300  
1-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36627  
Registrar's No. 4444

FILED NOV 20 1948  
Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 10 days St. Lukes Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hosp 10 days  
(Specify whether  
In this community 10 days  
years, months or days)

3. (a) PRINT FULL NAME Margaret Hyde

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased March 19 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 12 If less than one day  
hr. min.

9. Birthplace Leavenworth Co. Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business School Teacher

12. Name John Hyde

13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dempsey

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Moore

(b) Address 4246 Webster St. K.C. Mo.

17. (a) Removal (b) Date thereof Nov 1 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manhattan Kansas

18. (a) Signature of funeral director R. A. Sullivan

(b) Address 1319 No. 18th St. K.C. Mo.

19. (a) 11-1-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999  
(c) City or town Manhattan  
(If outside city or town limits, write "RURAL")  
(d) Street No. 320 No 15th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1  
year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Pathologist  
that I last saw him alive on 11/1/48  
and that death occurred on the date and hour stated above.

Immediate cause of death Juandice, due to biliary obstruction  
Due to Unknown cause operation  
Due to Un. at Kansas Hospital  
Cancer of pancreas

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 450W  
Of autopsy same

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of work) E.C.H. Schmidt  
(a) Means of injury  
23. Signature E.C.H. Schmidt (M. D. or other)  
Address St. Luke's Hospital Date signed 11/1/48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Maurice Swisher*

Licensed Embalmer No.

*3505*

P. O. Address

*H. P. 700.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**